

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO. <b>10/583785</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				-			52						
3				-			53						
4				-			54						
5				-			55						
6			1				56						
7				-			57						
8				-			58						
9				-			59						
10				-			60						
11				-			61						
12				-			62						
13				-			63						
14				-			64						
15				-			65						
16			1				66						
17				-			67						
18				-			68						
19				-			69						
20				-			70						
21				-			71						
22				-			72						
23				-			73						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4										
TOTAL DEP.		27											
TOTAL CLAIMS			31										